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HOSPITAL CLASSES FOR THE PHYSICALLY HANDICAPPED.
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THIS NEWSLETTER DESCRIBES THE NEW JERSEY PROGRAM FOR INSTRUCTION OF PHYSICALLY HANDICAPPED HOSPITALIZED CHILDREN IN TERMS OF INTERACTION BETWEEN THE HOSPITAL INSTRUCTIONAL PROGRAM AND THE REGULAR SCHOOL, THE RELATIONSHIP BETWEEN THE HOSPITAL INSTRUCTIONAL PROGRAM AND THE MEDICAL PROGRAM, NEW JERSEY STATE REGULATIONS, CRITERIA FOR SELECTION OF TEACHERS, PHYSICAL FACILITIES, AND A CONSULTATION RESOURCE. THIS NEWSLETTER WAS PUBLISHED AS "THE EXCHANGE," VOLUME 9, NUMBER 1, MAY 1965. (MY)

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HOSPITAL CLASSES FOR THE PHYSICALLY HANDICAPPED

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Children enter a hospital environment because of their physical disability. Obviously their medical problem has become increasingly apparent.

This rationale has been ably expressed by Seidenfeld in his comments on *Physically Handicapped Children and Educational Losses.*

> "I am appalled by the frequency with which we find evidence of school retardation in children who are quite capable of normal or even above normal work. Those who wish to rationalize are quick to say their medical treatment prevented their being schooled. Yet, thirty years of intimate relation to the treatment scene has convinced me that more often than not it is a disregard for the need to maintain the child's education, a feeling that it is less important than treatment of the disease at hand. I cannot see any reason for fighting so desperately to get a child physically well while at the same time failing to recognize that with very little more effort you can maintain that child's motivation and save him needless embarrassment and humiliation by providing educational facilities as an integral part of the treatment environment."

It has been stated by Mackie that it is becoming increasingly evident that, even though the physical condition may improve in the hospital, there is a degeneration of the entire personality if provision for intellectual growth is missing.

When the routine procedures for admission to the hospital have been completed and the parents have taken leave, numerous reactions usually follow -- loneliness, fear, sometimes distrust, and curiosity. The most common approach to alleviating the fears and setting the stage for acceptance comes when the child realizes that he will experience a complete school program while in the hospital. As a rule this anxiety reacts favorably to the school program which provides classroom experiences for the patient, planned within the scope of individual needs. School becomes a

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ADMINISTRATIVE GUIDELINES

When a child is admitted to a New Jersey hospital, his home school district should have knowledge of the educational opportunity available and support the hospital school by supplying all pertinent educational information.

A letter of explanation should apprise the patient's home district Chief Administrator of the fact that the child has been admitted to a hospital where he will receive full-time public school instruction, housed within the hospital and conducted under the jurisdiction of a local Board of Education.

The sending school district should be reminded that reimbursable funds – state aid – become eligible to them upon submission of Form 210A. This must be done in compliance with the New Jersey State Rules and Regulations for Hospital Classes. Accompanying this letter there should be an Educational Information Form for the sending district to complete. This form, when returned to the hospital will contain available information relative to: grade placement, achievement and psychological tests, a social and a health history, and any additional observations of significance.

Should the Educational Admission Form be incomplete, it may be necessary for qualified personnel -- employed by the Receiving Board -- to administer a battery of tests.

The role of the social worker and his relationship to school personnel becomes one of providing a social summary for each child which would contain pertinent knowledge affecting the child's adjustment to his new environment.

Trial placement in the instructional program should be made by the chief educational administrator based upon available data at the time of the child's admission to the hospital. As further medical, psychological, social and educational information becomes available, it may become necessary to make an adjustment in school placement.

Educational records should be forwarded to the sending district as the child progresses, and a complete narrative record should be sent when the child is discharged.

Hospital Classes (Cont'd)

common language and a kind of therapy that affects the mental, social and emotional processes as well as the physical reaction.

Thus the apparency of a total rehabilitation process for hospitalized children becomes one that encompasses the whole child and one which meets his educational, social, and psychological needs in conjunction with the restoration of his physical being. When this goal is met and the child is discharged, he should be in a position to take his place among his peers.

POLICY GUIDELINES OR INTER-ACTION AREAS

Progress reports, records, test results and other pertinent data should be carefully interpreted to the appropriate school or agency for in-coming and out-going children to eliminate possible error or misunderstanding.

Every effort should be exerted to have the instructional program become an integral part of the total rehabilitation process within the hospital. At the same time the instructional staff should participate in activities initiated and administered by the local public school system.

The needs of the hospitalized child may best be served when the teachers integrate the professional findings into a working hypothesis for instruction. Teachers' schedules should be arranged to permit their attendance at medical lectures and discussion periods for interpretation and possible application of the new understandings in relation to problems in the school setting. School personnel should attend hospital staff meetings when the discussion is medically oriented to particular children. A representative from the medical staff should be invited to attend the instructional staff meetings.

This inter-action between the medical and educational teams will alleviate the feeling of isolation and should facilitate and overcome any possibility of misunderstanding and direction of purpose.

There has been a remarkable change in the care of hospitalized children during recent years which has resulted in medical disciplines having to devote more time to the physical needs of hospitalized children and less time to social and emotional needs; therefore, the school's duty becomes one of meeting the social and emotional needs through an instructional program which is child centered and whose effects are felt throughout the twenty-four hour day.

NEW JERSEY STATE RULES & REGULATIONS PERTAINING TO HOSPITAL CLASSES

1. The children taught by a teacher employed *full-time* by a board of education to teach in a hospital, convalescent home, or other institution shall constitute a class provided:
   a. The teacher holds an elementary, secondary, or special fields certificate.
   b. The children are classified according to rules and regulations determining diagnosis and classification.
   c. The program of instruction is approved by the Commissioner of Education.
2. The board of education operating a hospital class shall be entitled to the state aid provided under Section 6 of Chapter 85, P.L. 1954 (18:10-29.35), and may become a receiving district. The districts from which hospital

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CLASS INSTRUCTION IN A HOSPITAL

School is a Wonderful Experience in a Hospital Class.

Exploring the World from a Hospital Bed.

CRITERIA FOR TEACHERS

The teacher is recognized as the most important single influence in any class situation, and is doubly important in the role in a hospital class. Certain basic competencies are essential for the teacher to be effective in this situation. The minimum qualifications are:

a. New Jersey State Certification appropriate for his level of instruction;
b. Genuine interest in physically handicapped children;
c. Acceptance of physical and often mental limitations;
d. Skill in identifying a child's latent talent that may be basic for motivation for his learning;
e. Intellectual competence to learn and understand medical diagnoses;
f. A high degree of ingenuity in adapting materials and methods;
g. Facility in readjusting the program as needs arise;
h. A code of professional ethics which will be operative in all relationships within the integrated school-hospital program.

It is recognized that a major problem for the school, and for each teacher, lies in maintaining the continuity of a program within a hospital setting. Involved are a constantly changing population, individual and group needs for therapy, rest periods, temporary immobilization of a child and consideration of a child who is in pain or who has become apathetic in terms of his physical difficulty.

Within this framework of limitations the teacher should be prepared to modify the tempo of the program and provide for change of pace and balance. The teacher and children together should plan certain longtime goals and many short-term activities that could be used by individuals in reaching such goals. Teachers should cut across subject matter lines to integrate learning experiences in such a way that many individual projects can be developed in terms of children's interest and needs.

PHYSICAL FACILITIES

This medical-educational rehabilitation program should incorporate a well designed series of physical facilities. These plans should include ample space in which to house classrooms, physical and occupational therapies, and recreational activities.

The hospital should be designed to help the children develop feelings of security, and to encourage freedom of movement with as little assistance as possible. Numerous ramps, stragetically located; and so constructed that door sills will be eliminated, should be an essential part of the physical plant.

Elevators should be sufficient in size to accommodate beds. Hand rails should be placed wherever a child is likely to ambulate. The hallways should be adequately lighted and ventilated and should be wide enough to allow for two-way traffic of beds.

Consideration should be given to the size of the classroom. It should contain ample space, at least one and half times the size of a normal classroom, in order to accommodate children confined to beds, wheel chairs, and those who are ambulatory. Everything possible should be done to allow for freedom of movement within the classroom. Specially equipped lavatory facilities adjacent to or near the classroom should be considered for the wheel chair and ambulatory patients.

Storage space is vitally important in hospital classrooms. Cutout tables, especially constructed chairs, and various other pieces of furniture must be stored when not in use.

The classroom should *provide as a minimum the following equipment* for the purpose of facilitating individualized and small group instruction: adjustable tables and chairs, chalkboards, portable book carts, individual hook

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CONSULTATION RESOURCE

In carrying out the suggestions of this *EXCHANGE*, schools may need to seek consultant help. Immediate sources of consultant service are the County Supervisors of Child Study. These workers are appointed by the State Department of Education to assist in public school programs for handicapped children. They serve at the county level and through the Office of Special Education.

N. J. State Rules (Cont'd)

pupils originate are regarded as sending districts, and are entitled to the state aid provided under Section 6 of Chapter 85, P.L.1954 (18:10-29.32b and 18:10-29.35a).

3. The board of education of the district in which a pupil is a resident may accept the classification of the examiner employed by the district operating the hospital class in which the pupil is enrolled.

4. Boards of education operating hospital classes may bill districts sending pupils to such classes in the same manner as do high schools or special classes receiving pupils from other districts. Such bills shall include a list of pupils received from the district, with the dates of their enrollment and a record of their attendance.

NOTE: Children in hospitals, convalescent homes, or other institutions instructed individually by a teacher employed part-time by a board of education are considered in the home instruction program.

Adopted by the State Board of Education; June 24, 1955

Physical Facilities (Cont'd)

holders and place markers, individual back rests and arm rests, individual boards or trays for writing with a gallery of compartments, Bed Specs for patients prone in bed, overhead projector, movie projector, screen, strip film and slide projector, globes, maps, easels, paints, no-roll crayons, record players, AM & FM radio, tape recorders, flannel boards, portable work bench, portable science and demonstration tables, typewriters, and Polaroid cameras. Adequate equipment should also be furnished in the wards and recreation areas to meet the children's needs and to provide a home-like atmosphere.

In an effort to alleviate confining ambulatory and wheel chair children within the hospital walls, special motor conveyences might become a part of hospital equipment. Teachers may incorporate field trips in their instructional programs and buses adapted to the children's needs should have low steps and/or ramps, non-skid floors, adequate seating space and hand-rails, support straps, proper heating and ventilation, washable seat covering, space for carrying appliances -- careful thought should be given t e entrances, exits and aisles.

Additional special equipment should be procured as needs arise and new materials become available.

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